PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I **SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE -OR SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA 150.00 **BASIC FEE** OR BASIC FEE 300.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25=X\$50=OR INDEPENDENT CLAIMS minus 3 =X100 =X200= OR MULTIPLE DEPENDENT CLAIM PRESENT +180= +360= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY (Column 3) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-PRESENT AMENDMENT **AFTER** RATE TIONAL **PREVIOUSLY EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR Independent Minus *** X100= X200= ÓR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING NÚMBER ADDI-PRESENT **AMENDMENT.** TIONAL **AFTER PREVIOUSLY** RATE **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 25= X\$50= OR Independent Minus X100 =X200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ ADDI-REMAINING NUMBER ADDI-PRESENT ENT AFTER **PREVIOUSLY EXTRA** RATE TIONAL TIONAL RATE **AMENDMENT PAID FOR** FEE FEE IENDM Total Minus X\$ 25= X\$50= OR

X100 =

+180=

X200 =

+360=

OR

OR

Independent

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

PTO/SB/05 (12-04)
Approved for use through 7/31/2008, OM8 0651-0032
U.S. Petent and Tredemark Othor; U.S. DEPARTISENT OF COMMERCE
to a colourist of information unless & displays a valid OM8 control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675						69528 126		
APPLICATION AS FILED - PART I (Column 1) (Column 2)			2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	MUMBER FILED	MAMBER EX	(TRA	RATE (S)	FEE (\$)		RATE (9)	FEE (S)
BASIC FEE (37 CFR 1,1814), (5), or (c))	·				•			
SEARCH FEE DO OF COME						` :	· · · · · · · · · · · · · · · · · · ·	
EXAMINATION FEE," (OF CFR LING) (M. OF KI)		:			•			
TOTAL CLAIMS	minus 20 =	•		x		OR	x ·	
INDEPENDENT CLAIMS	minus 3 =	·		x •			x =	
APPLICATION SIZE FEE (37 CFR 1.16(4))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(3)								٠.
"If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL			TOTAL	·
APPLICA			OR	OTHER				
		(Column 2) (Co	demo 3)	SMALL	ENTITY	ı .	SMALL	ENTITY
€ Inly las R	EMAINING P	NUMBER . PR	ESENT .	PATE (8)	ADDI- TIONAL FEE (8)	ŀ	BATE (D)	ADDI- TIONAL : FEE (3)
Total S proskulas	Minus "	80 ·	\bigcirc	* ()	·	OR	× /-	
C Independent (UT CFR Litting)	2 Mines -	3	വ	- V		OR	x -	
Application Size Fee (37 CFR 1.18(s))				-			. `	<u> </u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(2))			60)			OR		4
5-180 6(Column 1) (Column 2) (Column 3)				ADDL FEE		, OR	ADD'L FEE	\vdash
0 70 0 00	CLAIMS	(Column 2) (Co	chamo 3)			1		
60 . R1	EMAINING PI	NUMBER PR	RESENT	RATE (8)	ADDI- TIONAL FEE (8)	<u> </u>	RATE (8)	ADDI- TIONAL FEE (\$)
∑ the Lots . (Alinus "	20 1		х •		OR	х -	
En CERT. 1448	Minus X	13 19		х -		OR	х =	
Application Size Fee (37 CFR 1.16(s))						ł		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.180)				L		OR		
				TOTAL ADD'L FEE		_CR	TOTAL ADOL FEE	
" If the entry in column 1 is less than the entry in column 2, while "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a besett by the public which is to file (and by the USPTO to process) an application. Certificationity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary degending upon the individual case, April comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Cepartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.